

NAME OF THE COLLEGE: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION

Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

DECLARATION FORM : 2017 - 2018 - RESIDENT (SR/JR)

1.(a) Name..... Dr. SATHIESAN M

1.(b) Date of Birth & Age ... 24.03.1976 39 yrs

1.(c) Submit Photo ID proof issued by Govt. Authorities :
Photo ID submitted :
~~Passport copy / PAN Card / Voter ID / Aadhar Card~~

Number .. BMWPM 5520Q .. Issued by TAX INCOME DEPARTMENT



Note: 1) Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty. 2) Original Certificates are mandatory for verification. All Certificates/Documents/Certified Translations, must be in English

1.(d) i. Present Designation: SENIOR RESIDENT

1.(d)ii. Department: GENERAL SURGERY

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE

1.(d)iv. City: TRIVANDRUM.

1.(d)v. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 12/06/16

1.(d)vi Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No

1.(d)vii Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No

1.(e)i. Campus Address of Resident : ROOM NO 501

RESIDENT HOSTEL SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION.

[Signature]
Signature of Resident

[Signature]
Signature of Dean

Dr. V. Girija MD
Principal
Sree Gokulam Medical College &
Research Foundation, Venjaramoodu
Thiruvananthapuram-695 607